

## TOWN OF FRANKLIN

### RELEASE FORM

#### RE: STUDENT PARTICIPATION IN TOWN-SPONSORED ACTIVITY

The following child, \_\_\_\_\_ for whom I am responsible, has my permission to participate in the student Assistance Center, a program which provides homework assistance to children in grades 1-8 at the Franklin Public Library. I know that this assistance is free and will be provided by volunteers at the Library.

In consideration of the Town of Franklin's permitting my child to participate, and acknowledging that my child's participation in this activity is voluntary and is within the discretion of the Town, I hereby release the Town of Franklin, its Library, and their employees from any and all claims which may have as a result of suffering personal injury in any way arising from or related to my child's participation in the above-described activity, resulting from any act or omission of the Town of Franklin, its Library, and/or their employee(s). Expressly **excluded** from this release are any rights to have my child's medical expenses paid under any personal injury protection, medical payments or other "no-fault" insurance coverage that may be available.

I hereby expressly waive in advance any and all rights to sue which I may have against the Town of Franklin, its library, and/or their employees to recover for any loss, damage or expense of any type in any way arising from or related to my child's participation in the above-described activity.

I expressly agree to indemnify and hold harmless the Town of Franklin, its library, and their employees from any and all loss, damage, or expenses, including court's costs and attorney's fees, which they or any of them suffer as the result of my filing a civil action against the Town of Franklin, its Library, or their employees, in any way arising from or related to my child's participation in the above-described activity.

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Name of Witness

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Name Of Parent/Guardian

**NOTE:** This is a legal document in which you agree to give up the right to sue the Town of Franklin in the event your child is injured while participating in the

above-described activity; if you do not understand the language or have any questions, consult an attorney before signing.